

Message: June 2017 Client Satisfaction Survey

✉ June 2017 Client Satisfaction Survey

From Kraft, Emily **Date** Wednesday, June 7, 2017 3:49 PM
To A2A;'Heather Winsby'
Cc Smith, Sherrece;Benne, Joy

 **Customer Satisfaction Survey 2017.docx** (42 Kb HTML)

Hello all,

It's that time of year again! Just a friendly reminder to have your clients fill out their client satisfaction surveys. Please provide the attached survey to all clients who have received services from January 1, 2017, through June 30, 2017. The client shall complete the survey, not in the presence of the contractor, and return the survey in the sealed envelope. The envelope should have the contractor's name and the subcontractor's name (if applicable) written on the outside. Please return all of the sealed envelopes no later than August 15, 2017 at the following address:

Alternatives to Abortion Program
Joy Benne
Missouri Department of Social Services
P.O. Box 1082
Jefferson City, MO 65102

If you have any questions, please let me know.

Thanks,

Emily Kraft

*Alternatives to Abortion Program Manager
Truman Building, Room 430
Jefferson City, MO 65102
Phone: (573) 522-0003*

ALTERNATIVES TO ABORTION PROGRAM**CLIENT SATISFACTION SURVEY****Agency Name: Date Completed:** _____**Client race (Check all that apply):** White African American American Ind./Alaskan Native
Asian/Pacific Islander Other**Client Age:** ____ **County of residence:** _____**Have you ever received services from this program before?** _____*Please check the box for each service you have received and then circle the rating you give to that service.*☐ **Case Management**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Domestic Abuse Prevention**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Finding a Home**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Paying Electric/Gas Bills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Continuing School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Going Back to School**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Training**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Job Placement**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Counseling**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Clothing (mom and/or baby)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Food**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Supplies**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Drug/Alcohol Testing/Treatment Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Help with an Adoption**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Involving and Teaching the Baby's Father**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Transportation**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Prenatal Care Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Ultrasound Referrals**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Referrals for Me**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Medical Referrals for my Baby**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Child Care (babysitting)**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

☐ **Teaching Parenting Skills**

1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

Please rate the following statements:

- I am able to schedule appointments at times that are convenient for me.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2. I am seen at my appointment time.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3. I am able to decide which service(s) I want.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4. I fully understand the service(s) I am receiving.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5. The service(s) I receive have assisted me in continuing my pregnancy.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

6. I am satisfied with the service(s) I receive.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

7. I would recommend this agency to a friend or family member.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree